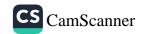
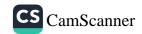
CS Form No. 212									
Revised 2017		NAL DAT							
	tion made in the Personal Data Sheet and t	he Work Experience Sheet s	shall cause the	filing of a	dministrativ	e/oriminal case/s	egainst the	person	
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATAS	HEET (POS) BEFORE ACCO	MPLISHING T	HE PDS FO	RM.		Constitution of	or CSC use only)	
Print legibly Tick appropriate boxes  PERSONAL INFORMATION	and use separate sheet if necessary. Indicate	a N/A if not applicable DO NOT	ABBREVIATE.		1 CS IO No.		(Do not till up F	or CSC use only)	
	ROSIANA								
2 SURNAME						NAME EXTENSION (JR	, SR) N/A		
FIRST NAME	RIALYN								
MIDDLE NAME	LABARTINE								
3. DATE OF BIRTH (mm/dd/yyyy)	02/25/2000	18 CITIZENSHIP		☑ Filipino ☐ Dual Citizenship					
		-		☑ by birth ☐ b				ition	
4 PLACE OF BIRTH	KANANGA, LEYTE	If holder of dual citize please indicate the d				Pis indicate o	Pls. Indicate country:		
5. SEX	☐ Male ☐ Female	please indicate the d	ecans.			-			
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	Hou	N/A se/Block/Lof N	0				
	☐ Widowed ☐ Separated ☐ Other/s:			N/A					
-	1.49	and and	Sut	SubdivisionVillage KANANGA		Barangay LEYTE			
7. HEIGHT (m)			C	ty/Municipality			Province		
8. WEIGHT (kg)	45	ZIP CODE					AV.A	1	
9 BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Hous	N/A se/Block/Lof N	0.		N/A Street		
10. GSIS ID NO.	N/A		5	N/A bdivision/Village	9	LIM-AO Barangay			
11. PAG-IBIG ID NO.	121344693626			KANANG	SA	LEYTE			
		-	Ci	ity/Municipality		Province			
12. PHILHEALTH NO.	132029005285	ZIP CODE		6531					
13 SSS NO	06-4882016-3	19. TELEPHONE NO.		N/A					
14. TIN NO	650-653-845-00000	20. MOBILE NO.	092			20-359-2277			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		rialynrosiana@gmail.com					
II. FAMILY BACKGROUND	AND DESCRIPTION OF THE PARTY NAMED IN	THE RESIDENCE OF STREET	- Seales	N. Call		STREET, U.	Name of	<b>Charle</b>	
22. SPOUSE'S SURNAME	N/A		23. NAME of CH					H (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A		N		/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A		<u> </u>	4					
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	RUSIANA								
FIRST NAME	RONICO	NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME	RAMOS								
25. MOTHER'S MAIDEN NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
SURNAME	LABARTINE								
	ROSALINDA								
FIRST NAME			(Continue on ser			narate sheet if neces	sarvi		
MIDDLE NAME  III. EDUCATIONAL BACKG	ROUND	STREET, STREET	The same of the	(Continue on separate sheet				PERSONAL PROPERTY.	
			eduction.	******		HIGHEST LEVEL/		SCHOLARSHIPI	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	From	ATTENDANCE To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	LIM-AO ELEMENTARY SCHOOL	ELEMENTARY EDUCA	ATION	2006	2012	N/A	2012	VALEDICTO RIAN	
SECONDARY	KANANGA NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL		2016	2018	NA	2018	WITH HIGH HONORS	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A		N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDAR MAJOR IN ENGL		2018	2023	N/A	2023	N/A	
GRADUATE STUDIES	N/A	N/A	N/A N/A		N/A	N/A	N/A	N/A	
SIGNATURE	Anaila	Continue on separate sheet if nec	essary)	DA	TE	FEE	RUARY 18, 202	5	
	11.4.40	4		-		CS /	ORM 212 (Revised	2017), Page 1 of 4	



	SERVICE ELIC		el caraci	DATE OF	The state of the last	133/6/10		LICENSE (if	applicable
	SPECIAL LA	1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT				NUMBER	Date of Validity
	- A ROOM TO THE PARTY NAMED IN	FESSIONAL TEACHER)	87.2	MARCH 17, 2024	CIRILO ROY MONTEJO NATIONAL			2270064	02/25/2028
0,1000		_ = =			HIGHSCHOOL (TACLOBAN CITY)				
-									
			(Co	ontinue on separate sheet	if necessary)		4		
WORK	EXPERIENCE ivate employme	nt. Start from your recen	t work) Descripti	on of duties should	be indicated in the attac	hed Work E	xperience she	et	質器
INC	NCLUSIVE DATES (mm/dd/yyyy)  POSITION TITLE (Write in full/Do not abbreviate)		TLE SAME	DEPARTMENT / AGI	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*V	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)	
From /A	N/A	N/A	N/A		N/A	N/A	INCREMENT N/A	N/A	N/A
			44.			-			-
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		THE STORE STREET			DHALISTA				
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	4.0	the Philips and the test of the second	100	44.44.40 	Fisher E.S.	- 1 1			
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CUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMEN	IT / PEOPLE / \	OLUNTARY	ORGANIZATI	ON/S	And the second second
9 NAME & ADDRESS OF OF (Write in Mil)			/E DATES d/yyy/) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
Α.		N/A	N/A	N/A	N/A	
		+				
		-				
		ontinue on separate				
I. LEARNING AND DEVELOPMENT (L&D)						
40	and wide after the	INCLUSIV	E DATES OF	BELDE	Type of LD	CONDUCTED/ SPONSORED BY
70. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in MI)			IDANCE Id/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	(Write in full)
		From	То		Professional	
eminar on Educational Innovation and Pedagogles fo	or Teachers of English Major	11/15/24	11/24/24	80 hours	Training	CPDCFT Training Center
omputer Skills Development Training: Improving Cla	ssroom Learning Thru ICT	12/01/2024	12/10/2024	80 hours	Professional Training	CPDCFT Training Center
pskilling and Reskilling Teaching and Supervision SI	kills Training	12/15/24	12/24/24	80 hours	Professional Training	CPDCFT Training Center
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	9. 4	2-11	1-22			Total Inc.
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	1					
	(C	ontinue on separate	sheet if necessa	(Y)		
/III. OTHER INFORMATION	In the same of the same	March of				
31. SPECIAL SKILLS and HOBBIES	32. NO	ON-ACADEMIC DIST (Wr	INCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT
FORMULATING LESSON PLAN		N/	A			N/A
EXCELLENT VERBAL AND WRITTEN						
COMMUNICATION SKILLS IN ENGLISH INTEGRATING TECHNOLOGY IN CREATING						
EFFECTIVE IM'S PROFICIENT IN MICROSOFT OFFICE						
PROGRAMS	A SECULAR DE LA CONTRACTOR DE LA CONTRAC	10 Tel 1000	Test works			
PROFICIENT IN GOOGLE WORKSPACE APPLICATIONS	OGTAL)	14.114	VTTA	-		*
510/1110/19		NOT THE PE				1 2 1/2
	21 (+ 1	1 - 1	174			11
	A Course and A Co		sheet if necessi	ıry)	_	ALICE OF STREET
SIGNATURE	1 /	21	7 9 TS		DATE	FEBRUARY 18, 2025
SIGNATURE	- Marilla	ALY	67.1	HE STREET, ST.		



chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,			•		
a. within the third degree?     b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NC ☐ YES ☑ NC If YES, give details:				
a. Have you ever been found guilty of any administrative offe	☐ YES ☑ NO If YES, give details:				
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation of ar by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	nd of term, finished contract or phased	☐ YES ☑ If YES, give details:	NO		
a. Have you ever been a candidate in a national or local election)?      b. Have you resigned from the government service during the election to promote/actively campaign for a national or local.	☐ YES ☐ NO If YES, give details: ☐ YES ☐ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☐ NO  If YES, give details (country):				
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),</li> <li>a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>	please answer the following items:	If YES, please specify:  YES  YES  If YES, please specify ID N	NO -		
41. REFERENCES (Person not related by consanguinity or affinity to applicant h	appointee)	December 1			
NAME	ADDRESS	TEL. NO.			
JESSA PATRICIA B. SOBREVILLA	BAYBAY CITY, LEYTE	N/A	3 3		
GENEVIVE H. MONTESCLAROS	CEBU CITY	N/A			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this docu administrative/criminal case/s against me.	nt laws, rules and regulations of the list sentative to verify/validate the contents	Republic of the stated herein.	ROSIANA, RIALYN L. PHOTO		
Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PHILSYS  ID/License/Passport No.: 8415-3149-6826-9764  Date/Place of Issuance: JUNE 21, 2021 / KANANGA, LEYTE	Signature (Sign inside the both FEBRUARY 18, 2015 Date Accomplished	x)	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this 1 9 FEB  OOC.NU. 393 PAGE NO: 91 BOOK NO: 5 SERIES OF 2025	Real St., Poblacior, Kanani ATTORNEYS ROLL NO. N.C NO. ORM-14-12-044	Leyte 56468 NC;	mment ID as indicated above.		
	TIN: 166-552-523	VIP.	CS FORM 212 (Revised 2017), Page 4 of a		